

CSON Student Community Site Verification Form



Instructional Module: IM 6

Student Name: *Joel Castillo*

Please call the CSON Instructor(s) should you have any additional comments regarding the student's performance and/or participation today.

Instructor Contact Information:

Donna Neel – Cell (806) 441-5222 or Office (806) 725-8934

Rachel Soliz – Cell (806) 781-0689 or Office (806) 725-8951

Community Site: _____ **Date:** _____

Student's Arrival Time: _____ **Departure Time:** _____

Printed Name of Staff: _____ **Signature:** _____

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Community Site: _____ **Date:** _____

Student's Arrival Time: _____ **Departure Time:** _____

Printed Name of Staff: _____ **Signature:** _____

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Community Site: _____ **Date:** _____

Student's Arrival Time: _____ **Departure Time:** _____

Printed Name of Staff: _____ **Signature:** _____

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Community Site: STD _____ Date: 9/26/23

Student's Arrival Time: 08:30 Departure Time: 16:30

Printed Name of Staff: _____ Signature: _____
Belle Maldonado [Signature]

Community Site: _____ Date: _____

Student's Arrival Time: _____ Departure Time: _____

Printed Name of Staff: _____ Signature: _____
